2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000024880 Feb 15, 2001 8:00 am **Secretary of State** Fire Ninety Fire Realty dn c. 02-15-2001 90100 002 ***150.00 500 NE Spanish River BILD Boca Reton FL 33431 A0023750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For < C 0 1 3 1 0 x 3</p> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Same Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE TITLE □ Delete Jeffrey Kleiman. NAME STREET ADDRESS STREET ADDRESS SAMe CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to be secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with at power like empowered. SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TY

Registered Agent

Name & Address

LASALLE, THOMAS L 5353 NORTH FEDERAL HIGHWAY, SUITE 405 FT. LAUDERDALE FL 33308

Officer/Director Detail

Name & Address	Title
KLEIMAN, JEFFREY 500 NE SPANISH RIVER BLVD	D
BOCA RATON FL 33431	

Annual Reports

Report Year	Filed Date	Intangible Tax
1998	04/21/1998	N
1000	0.1/00.11.000	